



## MARYLAND Department of Health

### **Public Health Preparedness and Situational Awareness Report: #2020:47**

Reporting for the week ending 11/21/20 (MMWR Week #47)

November 30th, 2020

#### **CURRENT HOMELAND SECURITY THREAT LEVELS**

**National:** No Active Alerts

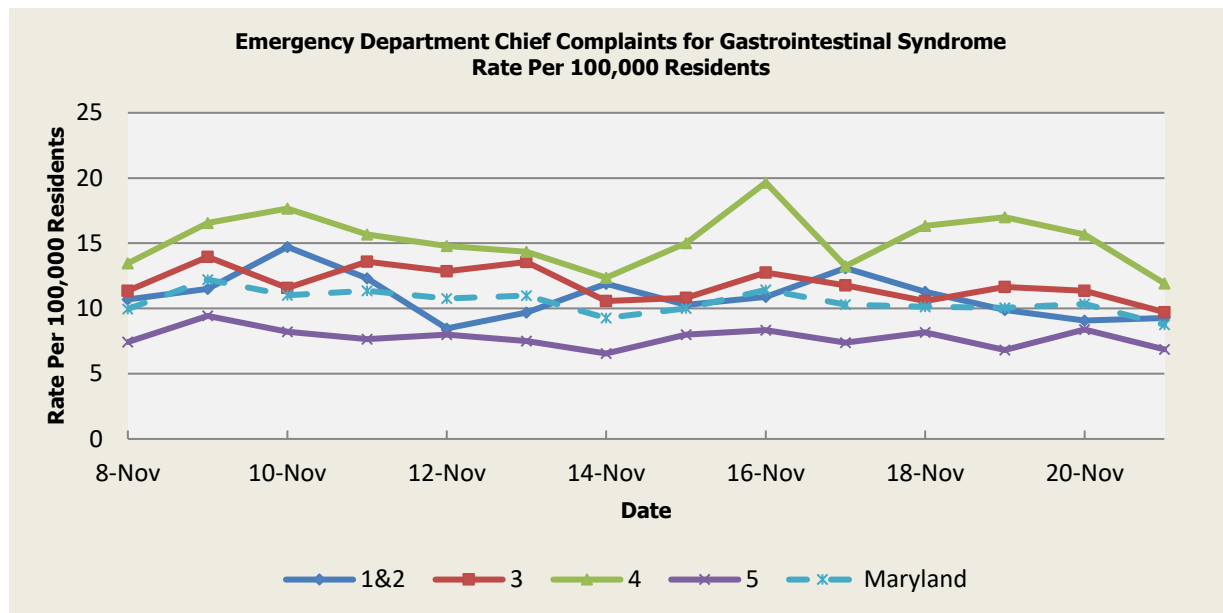
**Maryland:** **ENHANCED** (MEMA status)

### **SYNDROMIC SURVEILLANCE REPORTS**

**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):** Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2020.

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## Gastrointestinal Syndrome



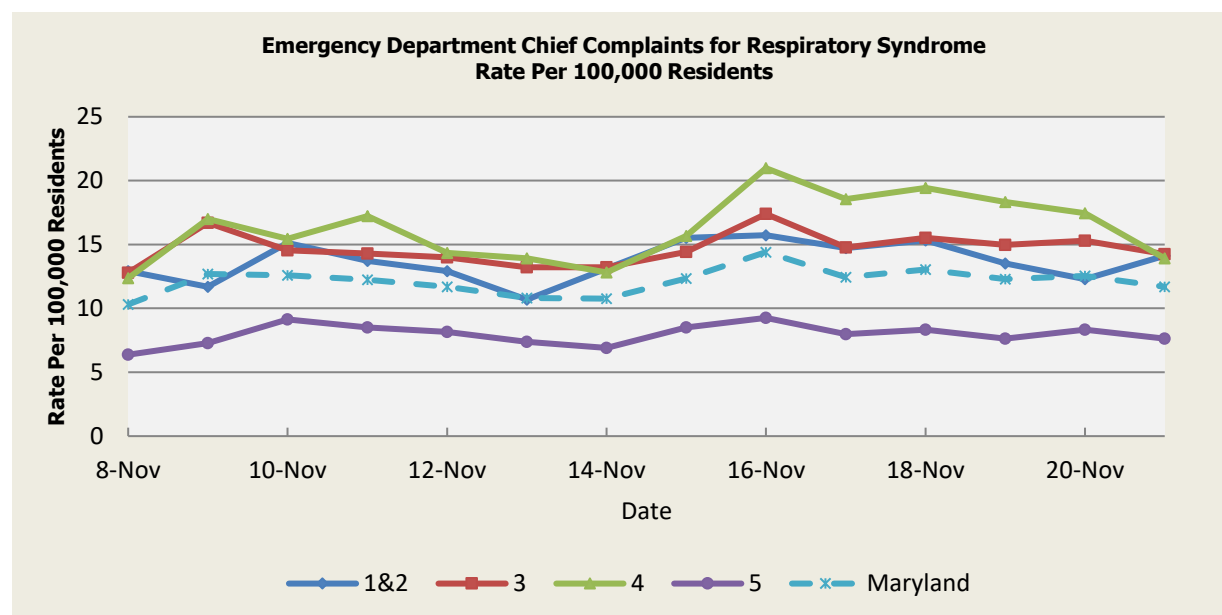
There were no Gastrointestinal Syndrome outbreaks reported this week.

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.20	14.85	15.85	10.13	12.98
Median Rate*	13.11	14.69	15.46	10.08	12.93

*\* Per 100,000 Residents*

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## Respiratory Syndrome



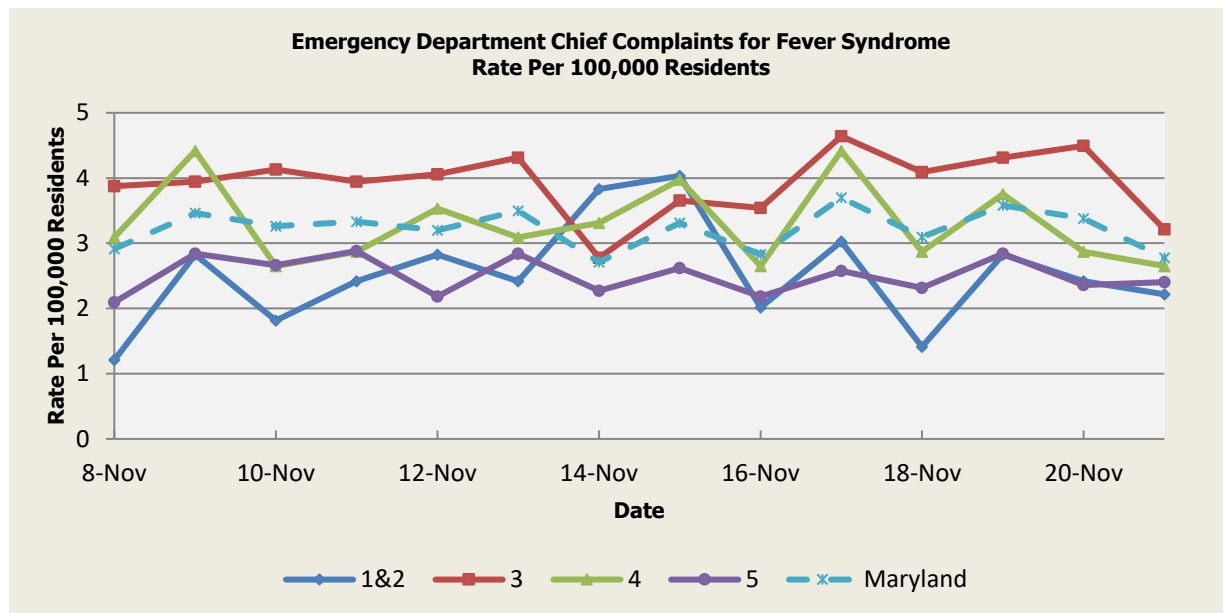
There were one hundred and sixty-five (165) Respiratory Syndrome outbreaks reported this week: Thirty-one (31) outbreaks of COVID-19 in Assisted Living Facilities (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in an Adolescent Treatment Facility (Region 5), four (4) outbreaks of COVID-19 in Institutions of Higher Education (Regions 3,5), two (2) outbreaks of COVID-19 in Correctional Facilities (Regions 1&2,5), fourteen (14) outbreaks of COVID-19 in Daycare Centers (Regions 3,5), forty-two (42) outbreaks of COVID-19 in Group Homes (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in a Hospice (Region 3), twelve (12) outbreaks of COVID-19 in Hospitals (Regions 1&2,3,5), one (1) outbreak of COVID-19 in an Independent Living Facility (Region 3), twenty-seven (27) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), four (4) outbreaks of COVID-19 in Outpatient Facilities (Regions 1&2,3,4), twelve (12) outbreaks of COVID-19 in Schools (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in a Shelter (Regions 3), six (6) outbreaks of COVID-19 in Substance Use Treatment Programs (Regions 1&2,3), seven (7) outbreaks of COVID-19 in Workplaces (Regions 1&2,3,5).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.44	14.76	15.17	9.98	12.77
Median Rate*	12.10	14.10	14.35	9.60	12.21

\* Per 100,000 Residents

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## Fever Syndrome



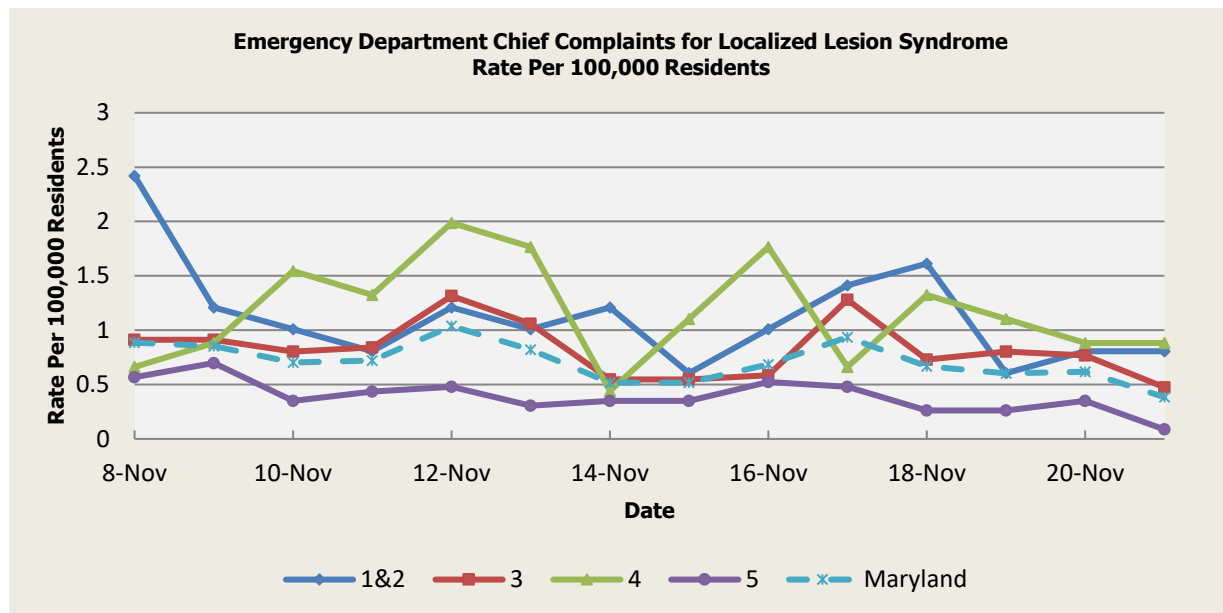
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.06	3.90	4.13	3.03	3.51
Median Rate*	3.02	3.76	3.97	2.92	3.38

*\*Per 100,000 Residents*

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## Localized Lesion Syndrome



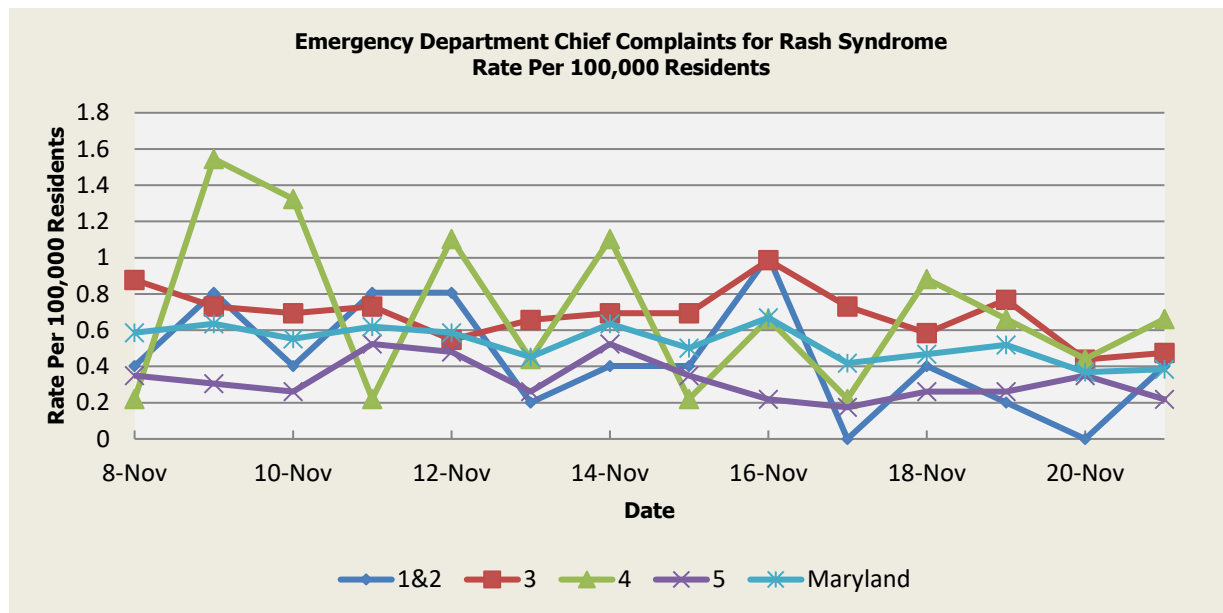
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.71	1.99	0.87	1.36
Median Rate*	1.01	1.64	1.99	0.83	1.32

\* Per 100,000 Residents

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## Rash Syndrome



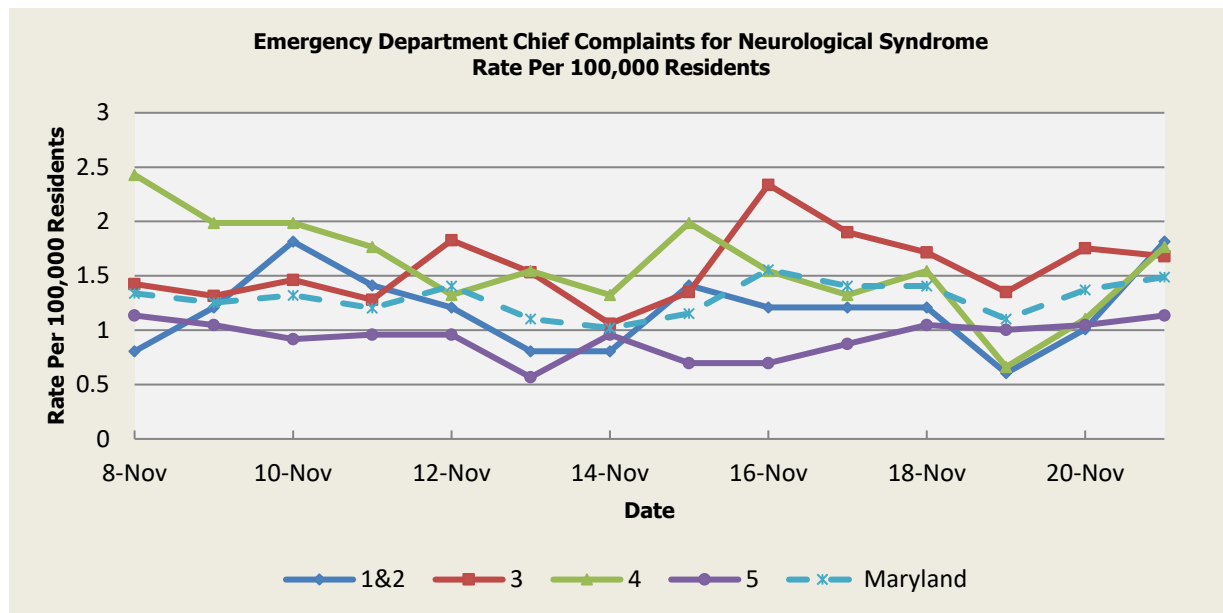
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.20	1.60	1.69	0.93	1.31
Median Rate*	1.21	1.53	1.55	0.89	1.29

\* Per 100,000 Residents

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## Neurological Syndrome



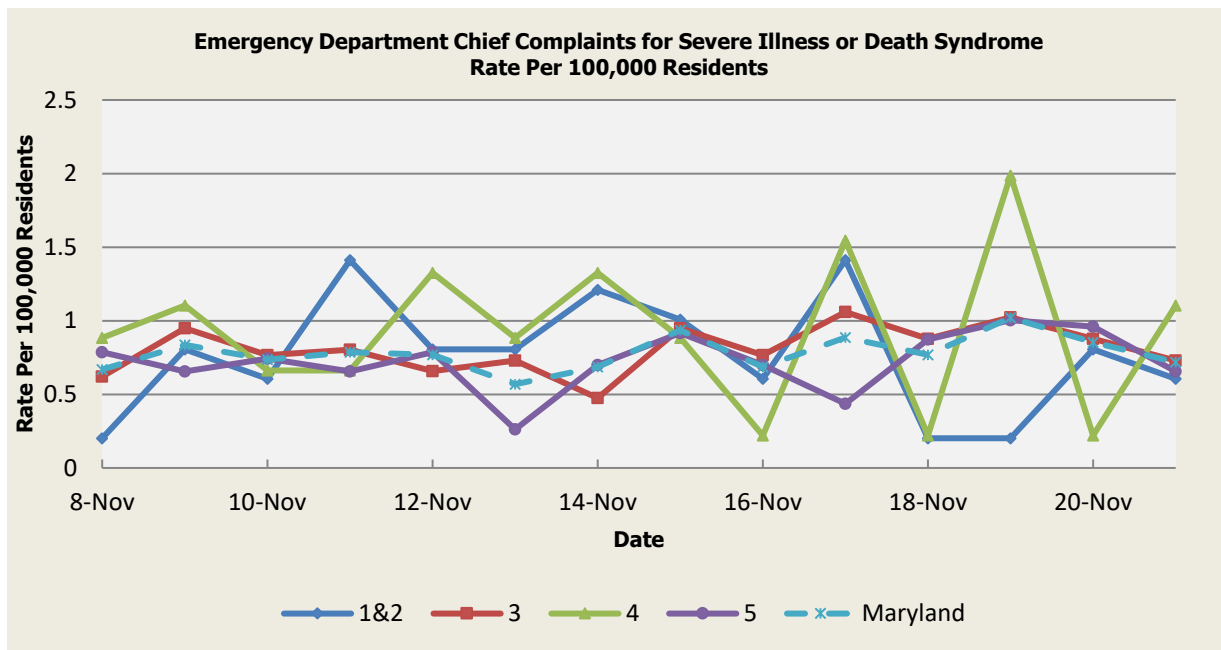
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.82	1.01	0.93	0.64	0.85
Median Rate*	0.81	0.95	0.88	0.61	0.80

\* Per 100,000 Residents

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## Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.65	0.88	0.84	0.54	0.73
Median Rate*	0.60	0.84	0.88	0.52	0.70

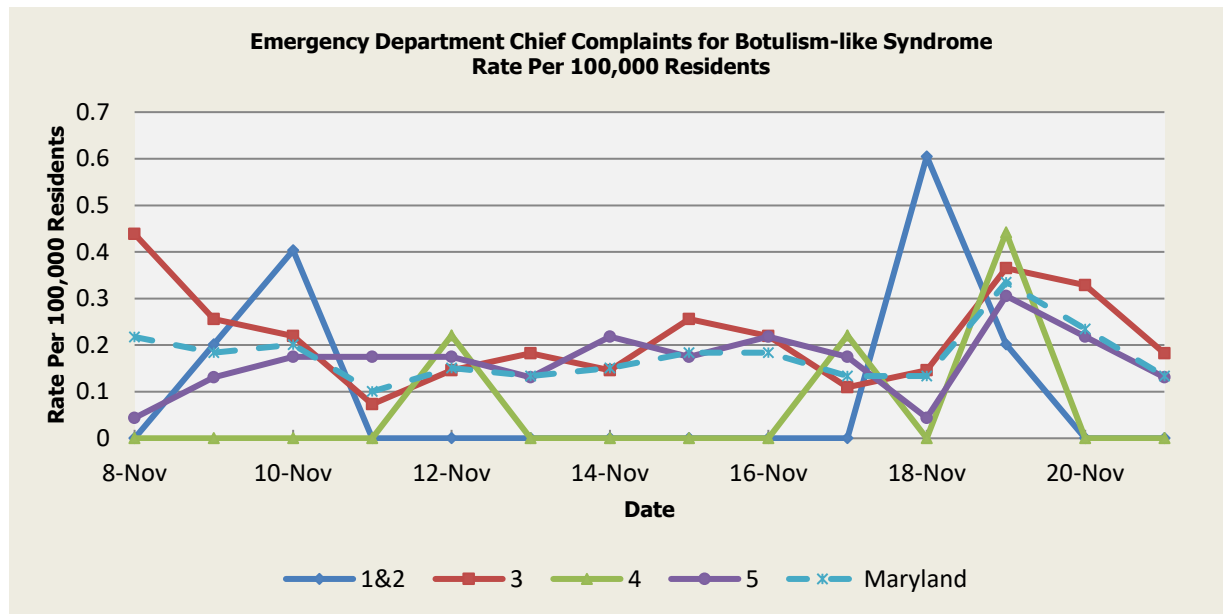
\* Per 100,000 Residents

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## **SYNDROMES RELATED TO CATEGORY A AGENTS**

### **Botulism-like Syndrome**



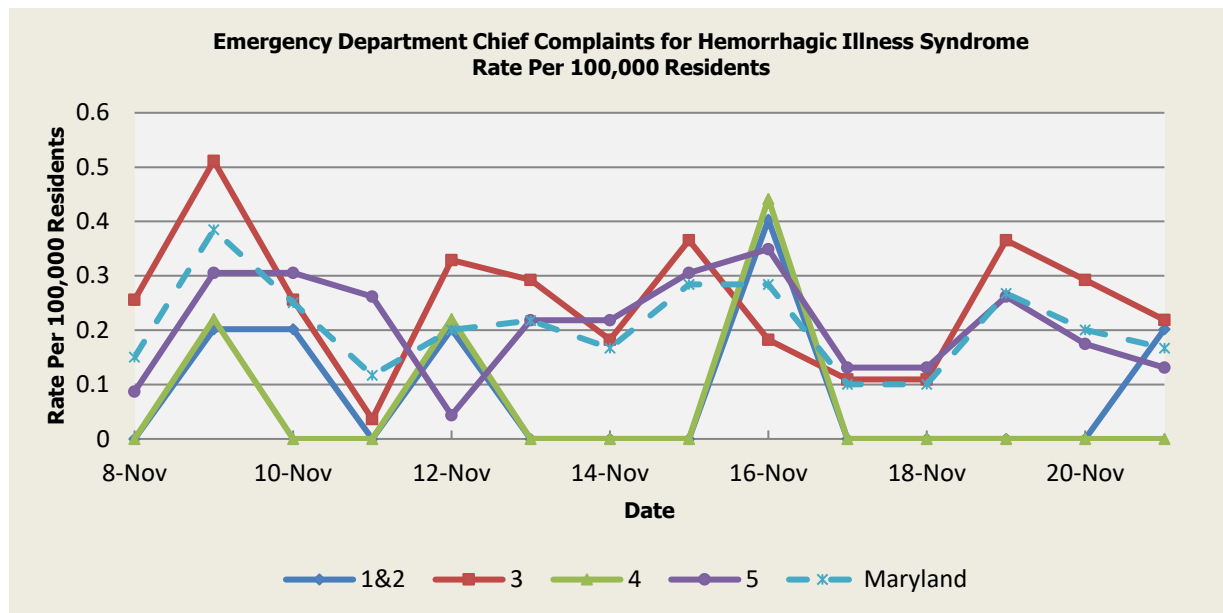
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 11/8 (Region 3), 11/9 (Regions 1&2), 11/10 (Regions 1&2), 11/12 (Region 4), 11/14 (Region 5), 11/16 (Region 5), 11/17 (Region 4), 11/18 (Regions 1&2), 11/19 (Regions 1&2,3,4,5), and 11/20 (Regions 3,5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	0.09	0.11
Median Rate*	0.00	0.11	0.00	0.09	0.10

\* Per 100,000 Residents

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## Hemorrhagic Illness Syndrome



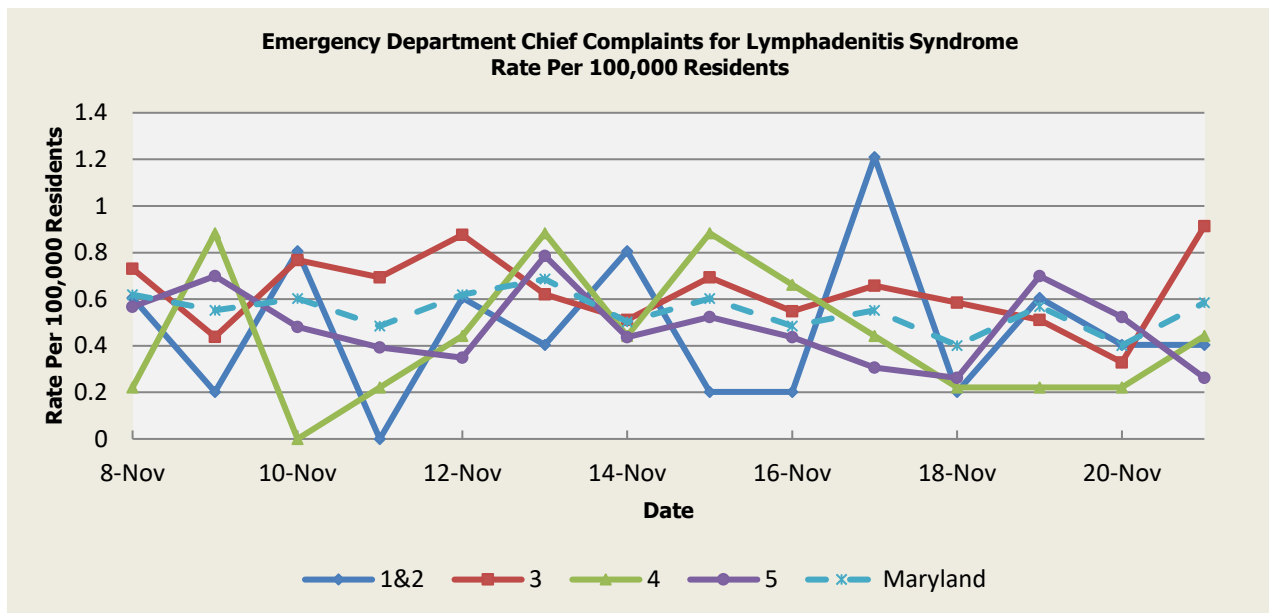
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 11/9 (Regions 1&2,3,4,5), 11/10 (Regions 1&2,5), 11/12 (Regions 1&2,4), 11/15 (Regions 3,5), 11/16 (Regions 1&2,4,5), 11/19 (Region 3), 11/21 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.05	0.17	0.04	0.15	0.14
Median Rate*	0.00	0.11	0.00	0.09	0.10

\* Per 100,000 Residents

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## Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 11/9 (Region 4), 11/10 (Regions 1&2), 11/13 (Region 4), 11/14 (Regions 1&2), 11/15 (Region 4), 11/17 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.41	0.40	0.49
Median Rate*	0.40	0.55	0.44	0.35	0.47

\* Per 100,000 Residents

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## **MARYLAND REPORTABLE DISEASE SURVEILLANCE**

### **Coronavirus Disease 2019 (COVID-19) Situation Summary**

On March 5<sup>th</sup>, 2020, the Maryland Department of Health announced the first cases of coronavirus disease 2019 (abbreviated COVID-19) in the State of Maryland.

### **Confirmed COVID-19 Case Counts in Maryland by County (As of November 30th, 2020)**

<b>County</b>	<b>Number of Confirmed Cases</b>
Allegany	3,168
Anne Arundel	16,742
Baltimore City	24,521
Baltimore County	29,315
Calvert	1,598
Caroline	972
Carroll	3,327
Cecil	2,109
Charles	4,391
Dorchester	1,011
Frederick	6,871
Garrett	755
Harford	6,099
Howard	8,155
Kent	448
Montgomery	33,400
Prince George's	41,297
Queen Anne's	1,097
Somerset	918
St. Mary's	2,153
Talbot	819
Washington	4,281
Wicomico	3,440
Worcester	1,483
<b>Total</b>	<b>198,370</b>

The most up-to-date information may be found on the Maryland Department of Health website at <https://coronavirus.maryland.gov>.

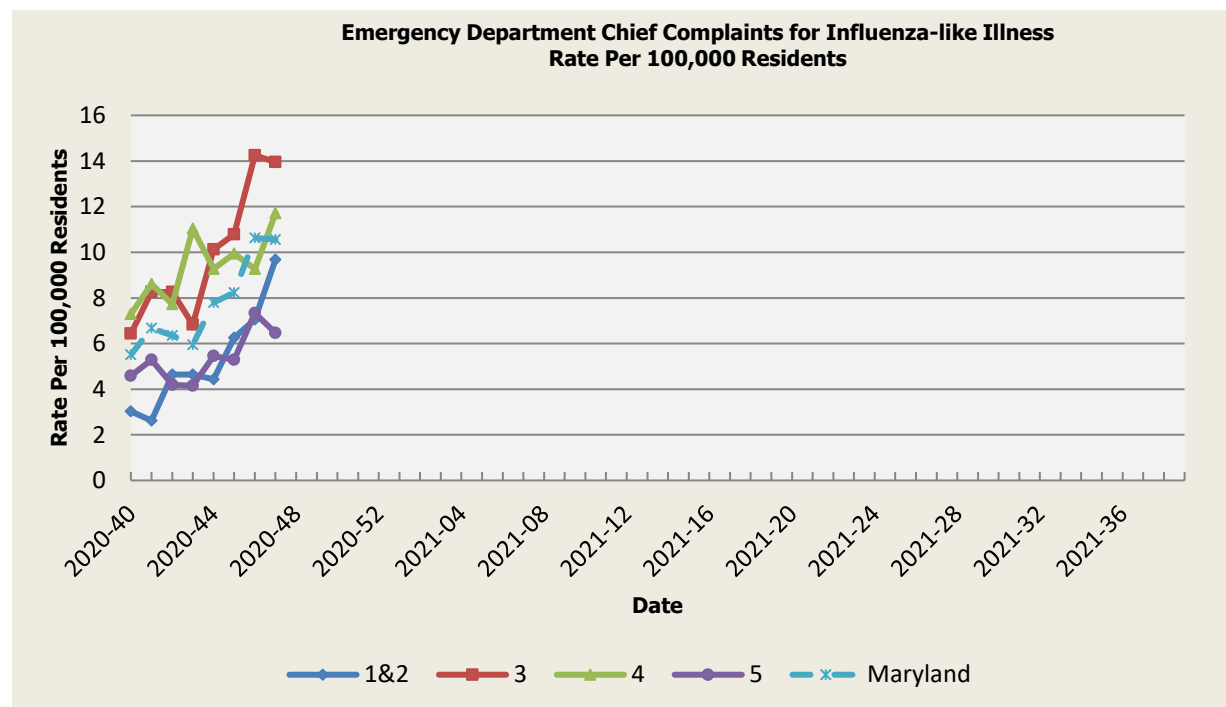
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## **SYNDROMIC INFLUENZA SURVEILLANCE**

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2020 through May 2021). Due to the COVID-19 pandemic, influenza reporting will be extended to the beginning of the 2021-2022 reporting season (MMWR Week 40/Week Ending October 9, 2021).

**Seasonal Influenza activity for Week 47 was: Minimal**

### **Influenza-like Illness**

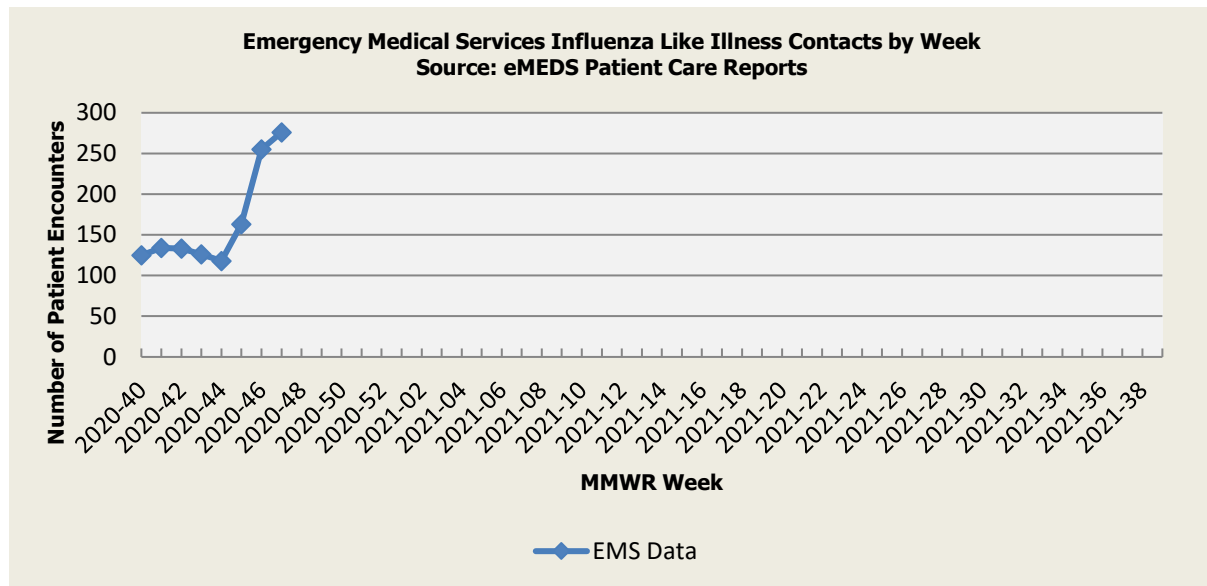


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.26	14.09	13.40	11.86	12.87
Median Rate*	7.66	10.39	9.50	8.80	9.49

\* Per 100,000 Residents

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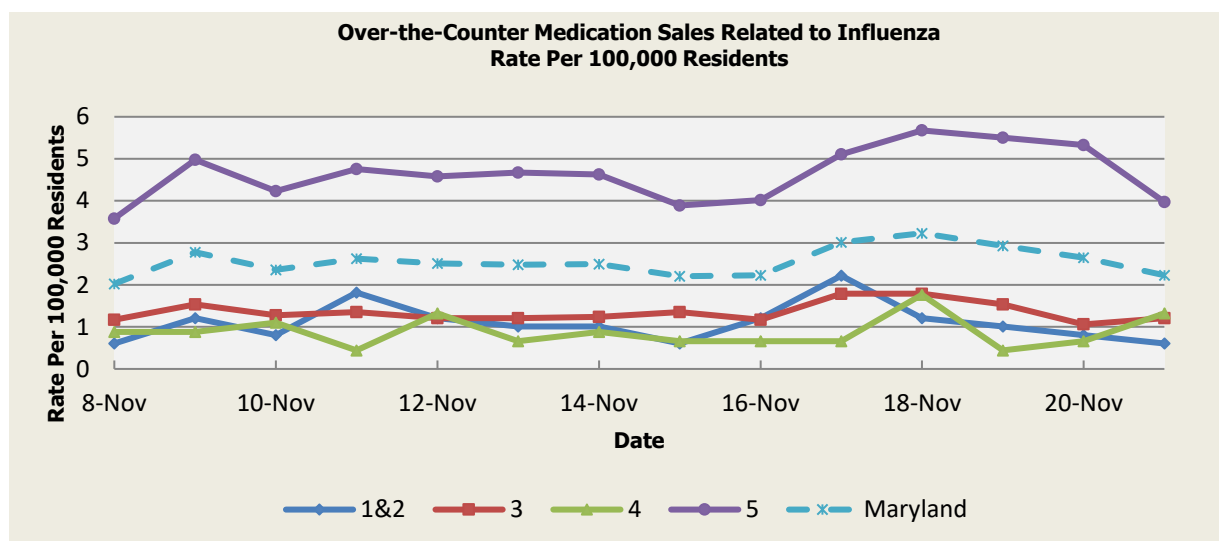
## Influenza-like Illness Contacts by Week



**Disclaimer on eMEDS flu related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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## Over-the-Counter Influenza-Related Medication Sales



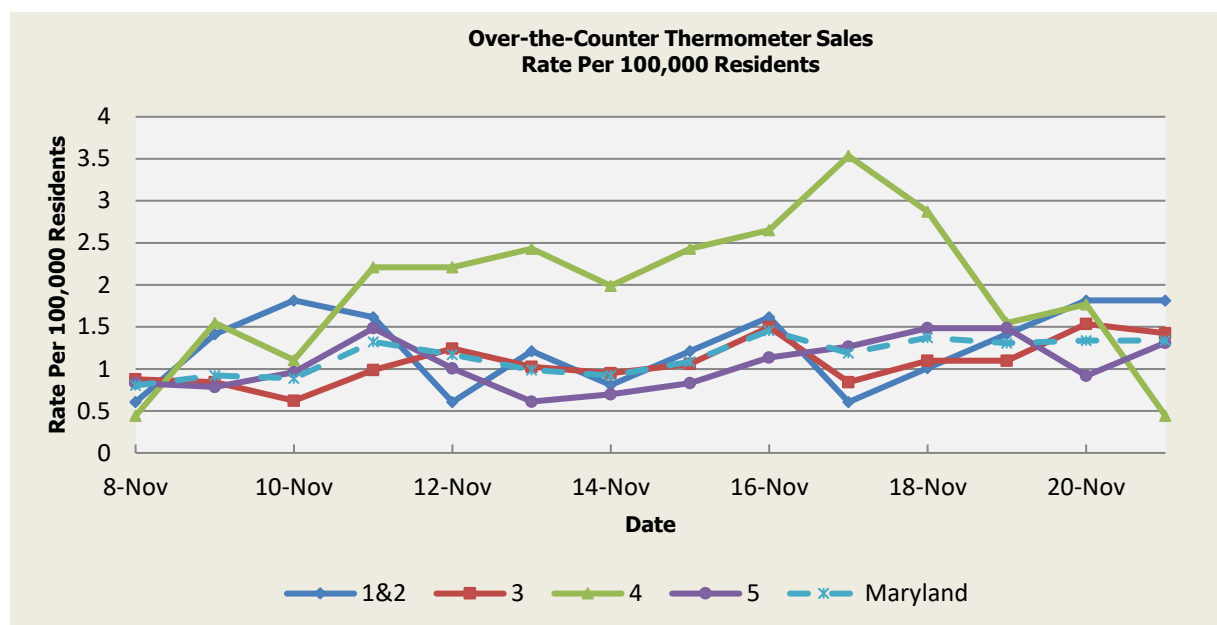
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.26	4.16	2.55	7.48	5.24
Median Rate*	2.62	3.22	2.21	6.68	4.43

\* Per 100,000 Residents

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## Over-the-Counter Thermometer Sales



There was no appreciable increase above baseline in the rate of OTC Thermometer Sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.72	2.58	2.10	3.42	2.88
Median Rate*	2.42	2.52	1.99	3.41	2.89

\* Per 100,000 Residents

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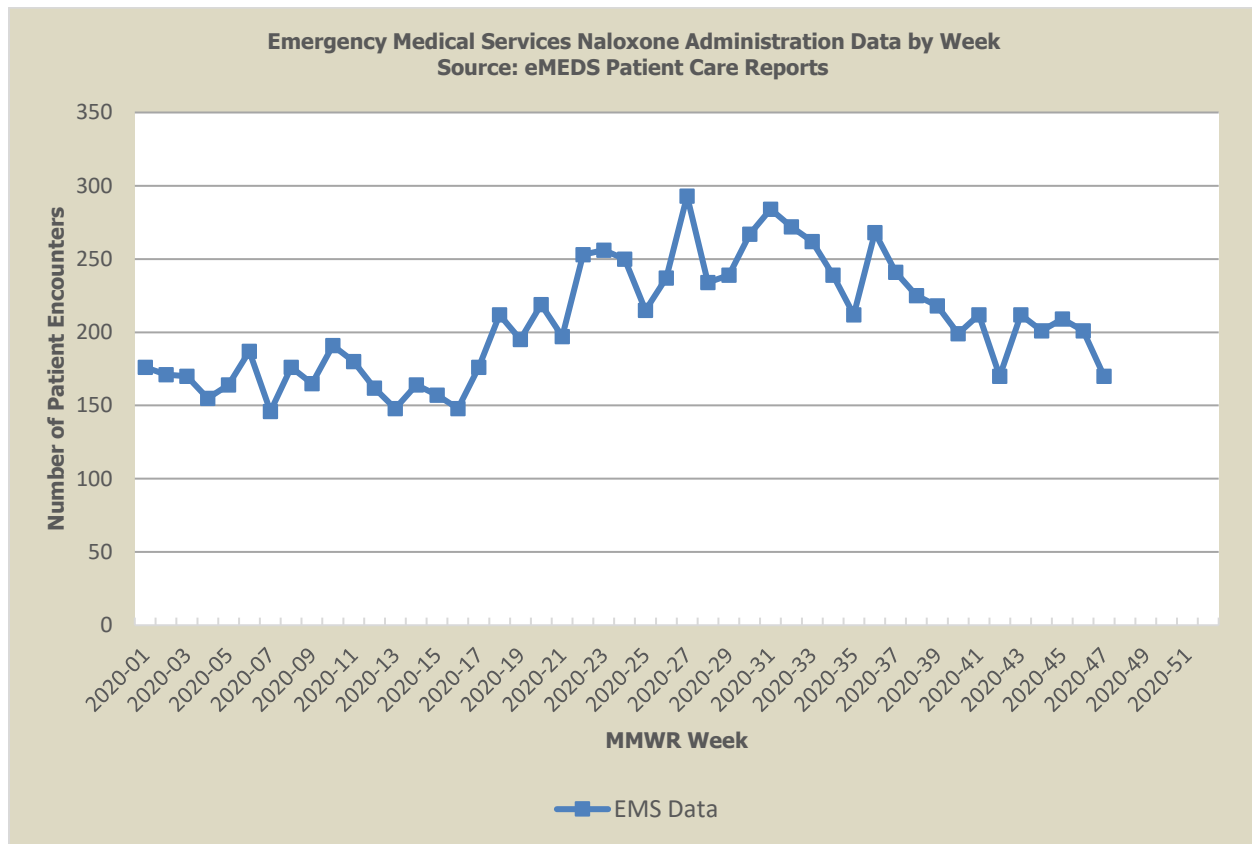
## **SYNDROMIC OVERDOSE SURVEILLANCE**

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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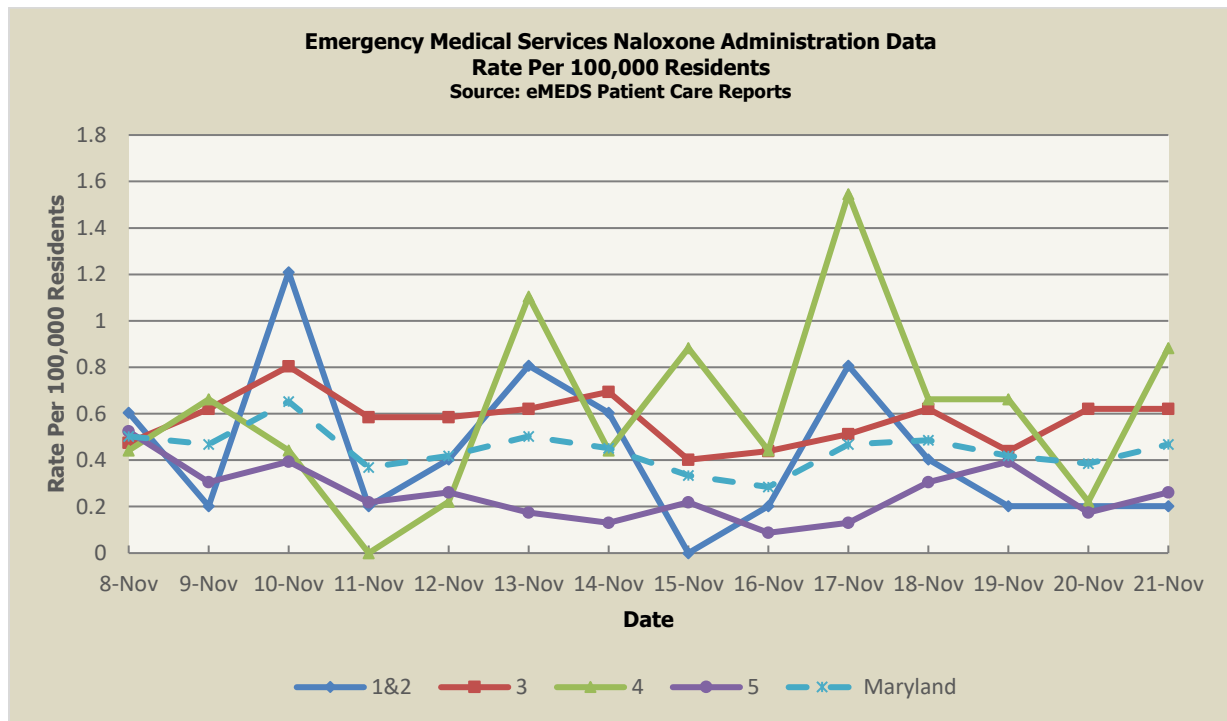
## Naloxone Administration Data by Week



**Disclaimer on eMEDS naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## Naloxone Administration Data



**Disclaimer on eMEDS Naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of November 30th, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

## **AVIAN INFLUENZA**

**AVIAN INFLUENZA (GERMANY)**, 28 November 2020, Highly pathogenic influenza A viruses (infection with) (non-poultry including wild birds), Germany. Read More: <https://promedmail.org/promed-post/?id=7978159>

**AVIAN INFLUENZA (IRAN)**, 27 November 2020, The event was reported based on Iran Veterinary Organization's HPAI epidemio-surveillance program. Read More: <https://promedmail.org/promed-post/?id=7976081>

**AVIAN INFLUENZA (UNITED KINGDOM)**, 25 November 2020, It has been confirmed that the strain of bird flu found in a dead goose in Weymouth is highly pathogenic -- leading to a warning for bird keepers to remain alert for signs of disease to protect their flocks. Read More: <https://promedmail.org/promed-post/?id=7971718>

**AVIAN INFLUENZA (JAPAN)**, 22 November 2020, Japan's Kagawa prefecture will cull 850 000 chickens at 2 poultry farms after the country detected a bird flu outbreak earlier this month [November 2020]. Read More: <https://promedmail.org/promed-post/?id=7962047>

## **HUMAN AVIAN INFLUENZA**

*There were no relevant human avian influenza reports this week*

## **NATIONAL DISEASE REPORTS**

**E. COLI EHEC (USA)**, 26 November 2020, Since the last update on 28 Oct 2020, 16 ill people were added to this investigation. Read More: <https://promedmail.org/promed-post/?id=7974360>

**ROCKY MOUNTAIN SPOTTED FEVER (USA)**, 25 November 2020, Disease-carrying ticks that normally prefer dogs may start to prefer the blood of humans as climate change cranks up the heat around the world, according to new research presented at the annual meeting of the American Society of Tropical Medicine and Hygiene (ASTMH). Read More: <https://promedmail.org/promed-post/?id=7970226>

**JAMESTOWN CANYON VIRUS (NEW HAMPSHIRE)**, 21 November 2020, The New Hampshire Department of Health and Human Services (DHHS) reported Friday [20 Nov 2020] that an adult from Newport, NH tested positive for Jamestown Canyon virus (JCV). Read More: <https://promedmail.org/promed-post/?id=7960718>

## **INTERNATIONAL DISEASE REPORTS**

**CORONAVIRUS DISEASE 2019 UPDATE (GLOBAL)**, 29 November 2020, The origins of COVID-19 remain unknown, and a gamut of hypotheses, conspiracy theories, and studies have raised more questions than answers about how the virus that causes the disease emerged and spread around the world. Read More: <https://promedmail.org/promed-post/?id=7979451>

**ROSS RIVER AND MURRAY VALLEY ENCEPHALITIS VIRUSES (AUSTRALIA)**, 29 November 2020, South Australians have been warned that the risk of transmission of potentially deadly mosquito-borne diseases in the state is at its highest level in a decade. Read More: <https://promedmail.org/promed-post/?id=7980409>

**MALARIA (FRANCE)**, 27 November 2020, Among a specific French population of travelers under strict epidemiological surveillance, from August to November 2020, we report a statistically significant increase in the incidence of severe malaria attacks (\_Plasmodium falciparum\_) compared with historical data (+167%). Read More: <https://promedmail.org/promed-post/?id=7976566>

**YELLOW FEVER (NIGERIA)**, 27 November 2020, Despite the fumigation of Ette, and Umuopu communities in Igbo-Eze North Local Government Area [LGA] of Enugu State against yellow fever by the state government and the ongoing immunisation against the disease at some local government areas in the state, the death toll has hit 133. Read More: <https://promedmail.org/promed-post/?id=7975344>

**MEASLES UPDATE (GLOBAL)**, 26 November 2020, The coronavirus pandemic is thwarting the fight to eradicate measles as scientists warn outbreaks across the world have surged over the last 4 years. Read More: <https://promedmail.org/promed-post/?id=7972745>

**CHAPARE VIRUS (BOLIVIA)**, 25 November 2020, Researchers determined that Chapare virus likely spread from person to person during a deadly outbreak in Bolivia, according to findings presented at the American Society of Tropical Medicine and Hygiene Annual Meeting. Read More: <https://promedmail.org/promed-post/?id=7969803>

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at [www.facebook.com/MarylandOPR](http://www.facebook.com/MarylandOPR).

More data and information on influenza can be found on the MDH website:  
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):  
<http://flusurvey.health.maryland.gov>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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## Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

## Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

